

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 7

☐ Check if this an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Total Health Supply TUA, Inc.

2. All other names debtor
used in the last 8 years

Include any assumed
names, trade names and
doing business as names

3. Debtor's federal
Employer Identification
Number (EIN) 84-3448593

4. Debtor's address **Principal place of business**

1146 S. Nakoma Drive
Santa Ana, CA 92704

Number, Street, City, State & ZIP Code

Orange
County

**Mailing address, if different from principal place of
business**

P.O. Box, Number, Street, City, State & ZIP Code

**Location of principal assets, if different from principal
place of business**

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Total Health Supply TUA, Inc.**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4543

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Total Health Supply TUA, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor
District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor	Total Health Supply TUA, Inc.	Case number (if known)
Name		
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Total Health Supply TUA, Inc.
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

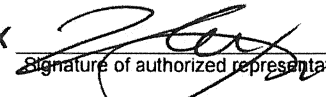
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 6, 2021
MM / DD / YYYY

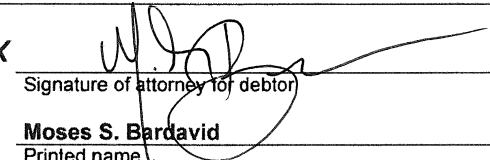
X 

Signature of authorized representative of debtor
Title Chief Executive Officer

Tuan Huynh

Printed name

18. Signature of attorney

X 

Signature of attorney for debtor
Moses S. Bardavid
Printed name

Date October 6, 2021
MM / DD / YYYY

Law Offices of Moses S. Baradvid
Firm name

15910 Ventura Boulevard
Suite 1405
Encino, CA 91436
Number, Street, City, State & ZIP Code

Contact phone (818) 582-3463

Email address mbardavid@hotmail.com

200296 CA
Bar number and State

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.


4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

None.

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Santa Ana, California.

Date: October 6, 2021


Tuan Huynh
Signature of Debtor 1

Signature of Debtor 2

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 0.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 0.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 18,830,034.33

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 18,830,034.33

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

**Current value of
debtor's interest**

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11b. Over 90 days old:	<u>19,223.65</u>	-	<u>19,223.65</u>	=...	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

Debtor Total Health Supply TUA, Inc.
Name

Case number (if known) _____

- ☐ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Total Health Supply TUA, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Chad Biggins
205 Carter Drive
McDonough, GA 30252

Date(s) debt was incurred 1/2020

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Indemnification

Is the claim subject to offset? ☐ No ☒ Yes

Unknown

3.2 Nonpriority creditor's name and mailing address

James Martell
3095 Blue Mountain Drive
Broomfield, CO 80023

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Indemnification

Is the claim subject to offset? ☐ No ☒ Yes

Unknown

3.3 Nonpriority creditor's name and mailing address

Kathryn Martorano
1 Calle Almendro #303
San Juan, PR 00913

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Indemnification

Is the claim subject to offset? ☐ No ☒ Yes

Unknown

3.4 Nonpriority creditor's name and mailing address

Konnektive Corporation
105 Hembree Park Drive
Suite A
Roswell, GA 30076

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Indemnification

Is the claim subject to offset? ☐ No ☒ Yes

Unknown

Debtor	Total Health Supply TUA, Inc. Name _____	Case number (if known) _____
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3.5	Nonpriority creditor's name and mailing address Konnektive LLC 2421 Laurel Street San Juan, PR 00913 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address Konnektive Rewards, LLC 2421 Laurel Street San Juan, PR 00913 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
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3.7	Nonpriority creditor's name and mailing address Kronenberger Rosenfeld, LLP 150 Post Street #520 Van Nuys, CA 91408 Date(s) debt was incurred <u>07/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney's Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,244.33
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3.8	Nonpriority creditor's name and mailing address Leanne Tan c/o Kneupper & Covey 17011 Beach Blvd., Suite 900 Huntington Beach, CA 92647 Date(s) debt was incurred <u>01/2020</u> Last 4 digits of account number <u>1082</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Claim for damages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,779,790.00
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3.9	Nonpriority creditor's name and mailing address Matthew Martorano 1 Calle Almendro #303 San Juan San Juan, PR 00913 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address Quick Box, LLC 11551 E. 45th Ave Unit C Denver, CO 80239 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
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3.11	Nonpriority creditor's name and mailing address Stephen Adele 2263 S. Loveland St. Denver, CO 80228 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Indemnification</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Unknown
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Part 3: List Others to Be Notified About Unsecured Claims

Debtor **Total Health Supply TUA, Inc.**
Name

Case number (if known)

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Christopher B. Queally Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Christopher B. Queally Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Christopher B. Queally Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Christopher B. Queally Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Kimberly Howatt Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Kimberly Howatt Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Kimberly Howatt Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Kimberly Howatt Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Kimberly Howatt Gordon Rees Scully Mansukhani, LLP 101 West Broadway, Suite 2000 San Diego, CA 92101	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>18,830,034.33</u>
5c.	\$ <u>18,830,034.33</u>

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Beautiful Skin and Health SL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.2	Beauty and Balance LV, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.3	Chad Biggins	205 Carter Drive McDonough, GA 30252	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.4	Coastal Beauty Care KV, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--|---|------------|--|
| 2.5 | Coastal Health & Body TML, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.6 | Coastal Skin Care DC, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.7 | Complete Beautiful Skin DT, Inc | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.8 | Complete Dietary Health DT, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.9 | Diet and Beauty Enterprise JB, Inc | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.10 | Diet Focus MG, Inc | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.11 | Dietary 8 Leaves TL, Inc | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |

Debtor **Total Health Supply TUA, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	Dietary Care Group MK, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.13	Dietary Health DL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.14	Dietary Health Management SL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.15	Dietary Health Supplements ADN, Inc	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.16	Dietary Mind & Body AR, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.17	Dietary Pills TTH, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.18	Dietary Supplements 8 Leaves TL, I	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--|--|-------------------|--|
| 2.19 | Dietary
Supplements NS,
Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.20 | DL Group, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.21 | EM Strength &
Wellness
Products, In | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.22 | EW Ideal Health
Store, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.23 | EW Ideal Health
Store, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.24 | Fit and Slim
Body Olo, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.25 | Fit Body Forever
KZ, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.26	Fit Lifestyle Enterprise JD, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.27	Fitness & Health Supplements PKL, I	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.28	Flawless Beauty Forever MC, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.29	Forever Beautiful Products KZ, Inc	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.30	Forever Beauty and Balance JL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.31	Health & Body Care TN, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
2.32	Health & Skin Nutrition JLN, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.33	Health & Wellness Products EM, Inc	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.34	Health and Diet Products ISA, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.35	Health and Fitness Lifestyle JL, I	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.36	Health Enterprise AR, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.37	Health Enterprise LT, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.38	Health Skin and Beauty Maya, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.39	Health Skin and Body JB, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.40	Healthy and Slim TT, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.41	Healthy Beautiful Skin JD, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.42	Healthy Body & Balance CD, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.43	Healthy Fit Lifestyle DC, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.44	Healthy Leaves TL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.45	Healthy Lifestyle Diet JL, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.46	Healthy Skin Group TQH, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.47	Healthy Skin Lifestyle JB, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.48	Healthy Supplements Maya, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.49	Ideal Skin & Health Care NA, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.50	James Martell	3095 Blue Mountain Drive Broomfield, CO 80023	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.51	Kathryn Martorano	1 Calle Almendro #303 San Juan, PR 00913	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.52	Kiet Lieu	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Konnektive Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
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2.53	Konnektive Corporation	105 Hembree Park Drive Suite A Roswell, GA 30076	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.54	Konnektive LLC	2421 Laurel Street San Juan, PR 00913	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.55	Konnektive Rewards, LLC	2421 Laurel Street San Juan, PR 00913	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.56	Lasting Fitness & Beauty JLN, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.57	Matthew Martorano	1 Calle Almendro #303 San Juan San Juan, PR 00913	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.58	PKL Everlasting Beauty, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.59	Quick Box, LLC	11551 E. 45th Ave Unit C Denver, CO 80239	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.60	Radiant Skin & Body Shop ATN, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

- | | | | | |
|-------|--|--|-----------------------------------|--|
| 2.61 | Remarkable
Beauty TN, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.62 | Remarkable
Health Supply
PO, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.63 | Rocket
Management
Group, LLC | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Konnektive
Corporation | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.4</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.64 | Select Skin
Products MV,
Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.65 | Skin and Beauty
NS, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.66 | Skin Beauty &
Health JN, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.67 | Skin Beauty and
Balance CD, Inc. | c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408 | Leanne Tan | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.8</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.68	Skin Beauty Enterprise MG, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.69	Skin Beauty Products ISA, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.70	Skin Care Enterprise TTH, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.71	Skin Care Group MK, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.72	Skin Products Rubio, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.73	Stephen Adele	2263 S. Loveland St. Denver, CO 80228	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.74	Strength & Fitness Lifestyle LT, I	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.75	Total Fitness & Health MC, Inc.	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
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2.76	Vibrant Face & Beauty Shop ATN, Inc	c/o Kronenberger Rosenfeld, LLP 150 Post St #520 Van Nuys, CA 91408	Leanne Tan	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
------	--	--	-------------------	--

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

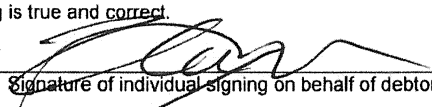
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 6, 2021

X


Signature of individual signing on behalf of debtor

Tuan Huynh
Printed name

Chief Executive Officer
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Total Health Supply TUA, Inc.

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For prior year:
From 1/01/2020 to 12/31/2020

☒ Operating a business
☐ Other _____

\$7,334.00

For year before that:
From 1/01/2019 to 12/31/2019

☒ Operating a business
☐ Other _____

\$174,772.44

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Tan v. Quickbox, LLC, et. al. 3:20-cv-01082-H-DEB	Consumer protection calss action lawsuit	U.S. District Court Southern District of California 333 West Broadway San Diego, CA 92101	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Moses S. Baradvid 15910 Ventura Boulevard Suite 1405 Encino, CA 91436	Attorney Fees	09/2021	\$3,000.00

Email or website address
mbardavid@hotmail.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
------------------	----------------------------

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Name and address

**Date of service
From-To**

26a.1. **Fully Accountable, LLC
2680 West Market Street
Akron, OH 44333**

2019-2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **Fully Accountable, LLC
2680 West Market Street
Akron, OH 44333**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the
inventory**

Date of inventory

**The dollar amount and basis (cost, market,
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name

Address

**Position and nature of any
interest**

**% of interest, if
any
Sole
shareholder**

Tuan Huynh

**1146 S. Nakoma Drive
Santa Ana, CA 92704**

CEO

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Debtor Total Health Supply TUA, Inc.

Case number (if known) _____

Name and address of recipient

Amount of money or description and value of
property

Dates

Reason for
providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent
corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent
corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 6, 2021


Signature of individual signing on behalf of the debtor

Tuan Huynh
Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Debtor **Total Health Supply TUA, Inc.**

Case number (if known)

Name and address of recipient

Amount of money or description and value of
property

Dates

Reason for
providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent
corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent
corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 6, 2021**

Signature of individual signing on behalf of the debtor

Tuan Huynh
Printed name

Position or relationship to debtor **Chief Executive Officer**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Central District of California**

In re **Total Health Supply TUA, Inc.**

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>3,000.00</u>
Prior to the filing of this statement I have received	\$	<u>3,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning; Planning and filing of bankruptcy

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, lien avoidances, relief from stay actions, reaffirmations and/or any adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 6, 2021

Date


Moses S. Bardavid

Signature of Attorney

Law Offices of Moses S. Baradvid

15910 Ventura Boulevard

Suite 1405

Encino, CA 91436

(818) 582-3463 Fax: (818) 582-3465

mbardavid@hotmail.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., and State Bar No. & Email Address Moses S. Bardavid 15910 Ventura Boulevard Suite 1405 Encino, CA 91436 (818) 582-3463 Fax: (818) 582-3465 California State Bar Number: 200296 CA mbardavid@hotmail.com		FOR COURT USE ONLY	
■ Attorney for:			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA			
In re: Total Health Supply TUA, Inc.		CASE NO.: ADVERSARY NO.: CHAPTER: 7	
Debtor(s),		CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4	
Plaintiff(s),			
Defendant(s).		[No hearing]	

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, **Moses S. Bardavid**, the undersigned in the above-captioned case, hereby declare
(Print Name of Attorney or Declarant)
under penalty of perjury under the laws of the United States of America that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:
- ☐ I am the president or other officer or an authorized agent of the Debtor corporation
 - ☐ I am a party to an adversary proceeding
 - ☐ I am a party to a contested matter
 - ☒ I am the attorney for the Debtor corporation
- 2.a. ☐ The following entities, other than the debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:
[For additional names, attach an addendum to this form.]
- b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

October 6, 2021

Date

By: 

Signature of Debtor, or attorney for Debtor

Name: **Moses S. Bardavid**

Printed name of Debtor, or attorney for Debtor

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Moses S. Bardavid 15910 Ventura Boulevard Suite 1405 Encino, CA 91436 (818) 582-3463 Fax: (818) 582-3465 California State Bar Number: 200296 CA mbardavid@hotmail.com	FOR COURT USE ONLY
<input type="checkbox"/> Debtor(s) appearing without an attorney <input checked="" type="checkbox"/> Attorney for Debtor	
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: Total Health Supply TUA, Inc.	CASE NO.: CHAPTER: 7
Debtor(s).	VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 11 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: October 6, 2021


Signature of Debtor 1

Date: _____

Signature of Debtor 2 (joint debtor) (if applicable)

Date: October 6, 2021


Signature of Attorney for Debtor (if applicable)

Total Health Supply TUA, Inc.
1146 S. Nakoma Drive
Santa Ana, CA 92704

Moses S. Bardavid
Law Offices of Moses S. Baradvid
15910 Ventura Boulevard
Suite 1405
Encino, CA 91436

Beautiful Skin and Health SL, Inc.
c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408

Beauty and Balance LV, Inc.
c/o Kronenberger Rosenfeld, LLP
150 Post St #520
Van Nuys, CA 91408

Chad Biggins
205 Carter Drive
McDonough, GA 30252

Christopher B. Queally
Gordon Rees Scully Mansukhani, LLP
101 West Broadway, Suite 2000
San Diego, CA 92101

Coastal Beauty Care KV, Inc.
c/o Kronenberger Rosenfeld, LLP
150 Post St #520
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Complete Dietary Health DT, Inc.
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Diet and Beauty Enterprise JB, Inc
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Diet Focus MG, Inc
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Fit Body Forever KZ, Inc.
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Remarkable Health Supply PO, Inc.
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Rocket Management Group, LLC
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